

**Instructions for Section 8 Pre-Application HCV:**

1. Complete the Pre-application form. Incomplete applications will not be processed.
2. All adults (18 and older) listed on the application must sign the form.
3. All adults (18 and older) must provide Photo ID at the time of application.
4. Social Security cards must be provided at time of application for all household members.
5. When your application is processed, a letter will be mailed to you with your ID number and your position on the waiting list. Your position will change as applicants with more preference points apply for assistance.

Our waiting list is updated the first working day of every month. We will not respond to status inquiries over the phone. It is recommended that you bring in your letter with your ID number on it. If you do not have/know your ID number, you will be charged \$.50 to look up your current position.

If you live out of town, you may send us a request in writing by mail or fax to (520) 417-7158. Please include in the request your ID number and attach a legible copy of your picture ID.

6. Applicants on our waiting list must keep their application information current. Changes to your mailing address, email address, phone numbers, or family composition must be made in writing at our office, mailed to our office address or faxed in to (520) 417-7158. No call-ins to report changes. If we cannot contact you via postal mail and/or mail is returned by the post office, you will be removed from the waiting list.

Applications are processed by date and time received and sorted by preference points.

- **Residency** (Any member who resides, works or has been hired to work or is attending school within the City of Douglas city limits)
- **Working Family** (Head, spouse/co-head, or sole member is employed at least 20 hours per week)
- **Disability/Elderly** (Disabled persons or families with a disabled member and a family whose head of household or spouse is age 62 or older)
- **Veteran** (Available to current members of the U.S. Armed Forces, veterans or surviving spouses of veterans)
- **Victims of Domestic Violence** (Verified at time of application)
- **Involuntary Displacement** (Disaster due to fire, flood, earthquake within the last 6 months and within the City limits of Douglas)

## SECTION 8 PRE-APPLICATION

	<b>Housing Choice Voucher (HCV) Section 8 Waiting List</b>	
	<input type="checkbox"/> Section 8 HCV	

Date Application was received by PHA \_\_\_\_\_ Time \_\_\_\_\_  
 Application Number \_\_\_\_\_

<b>HEAD OF HOUSEHOLD INFORMATION:</b>		<b>Language Preferred:</b> English <input type="checkbox"/> Spanish <input type="checkbox"/> Either: <input type="checkbox"/>
Name	Social Security Number	Birth Date
Street Address:		City, State, Zip Code:
Mailing Address:		City, State, Zip Code
Phone Number: ( ) _____ <input type="checkbox"/> cell _____		Alternate Number: _____
Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Race: <input type="checkbox"/> White <input type="checkbox"/> Black-African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander		
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		

**Family Members/ Household Composition: (Please list ALL persons who will reside with you)**

Name	Relation to Head (Spouse, Co-Head, Other Adult, child)	Date of Birth	Age	Sex (M/F)	Race (see list above)	Hispanic		Social Security Number
						YES	NO	
1.						<input type="checkbox"/>	<input type="checkbox"/>	
2.						<input type="checkbox"/>	<input type="checkbox"/>	
3.						<input type="checkbox"/>	<input type="checkbox"/>	
4.						<input type="checkbox"/>	<input type="checkbox"/>	
5.						<input type="checkbox"/>	<input type="checkbox"/>	

For additional members continue on page 3.

**Please answer the following questions as they apply to members listed on this application:**

1. Do you or any member of the applicant family live, work or attend school in the City of Douglas?	(1pt)	<input type="checkbox"/> NO <input type="checkbox"/> YES
2. Are you or any member of the applicant family currently in the armed forces or a veteran or a surviving spouse?	(1pt)	<input type="checkbox"/> NO <input type="checkbox"/> YES
3. Do you or your spouse or co-head work at least 20 hours per week?	(1pt)	<input type="checkbox"/> NO <input type="checkbox"/> YES
4. Are you or any member of the applicant family disabled? Name	(1pt)	<input type="checkbox"/> NO <input type="checkbox"/> YES
5. Are you a Victim of Domestic Violence? If yes when did the DV occur? Please provide written verification.	(1pt)	<input type="checkbox"/> NO <input type="checkbox"/> YES
6. Were you involuntary displaced due to a disaster (fire, flood, earthquake, etc) within the last 6 months and within City limits?	(3pts)	<input type="checkbox"/> NO <input type="checkbox"/> YES
7. Do you or any member of the applicant family require a reasonable accommodation? If yes, please fill out page 4		<input type="checkbox"/> NO <input type="checkbox"/> YES

**Source of Income:** (Employment, AFDC, SS/SSI, Child Support, Family Support, Self Employment, Other)

Name of Family Member	Source or Type of Income	Monthly Amount	Other information

Monthly Gross Income of the Household\*: \$ \_\_\_\_\_  
 \* This is the total monthly income, before deductions, of all family members that will be living in your unit

**I/We certify that all information provided above on this pre-application is accurate and complete to the best of my knowledge and belief. /We understand that submission of false information or misrepresentation may result in denial or termination of Section 8 benefits.**

Signature of Applicant/Head of Household \_\_\_\_\_

Date \_\_\_\_\_

Signature of Co-Applicant/Spouse/Other Adult \_\_\_\_\_

Date \_\_\_\_\_

Received by PHA Staff: \_\_\_\_\_

Date \_\_\_\_\_



## THERE ARE SIX ELIGIBILITY REQUIREMENTS FOR ADMISSION TO SECTION 8:

- A. Qualifies as a family.
- B. Family has income within the income limits.
- C. Family meets citizenship/eligible immigrant criteria.
- D. Family provides documentation of social security numbers.
- E. Family signs consent authorization documents.
- F. Family passes criminal background check.

### SCREENING CRITERIA

In addition to the eligibility criteria, families must also meet the Douglas Housing Authority's screening criteria in order to be admitted to the Section 8 program.

### INCOME LIMITS - *Income limits effective as of 04/01/2018*

**Extremely Low Income limits are:**  
(30% of Cochise County Median Income)

1 Person .....	\$12,250
2 Persons .....	16,460
3 Persons .....	20,780
4 Persons .....	25,100
5 Persons .....	29,420
6 Persons .....	33,740
7 Persons .....	36,250
8 Persons .....	38,550

**Very Low-Income limits are:**  
(50% of Cochise County Median Income)

1 Person .....	\$ 20,450
2 Persons .....	23,400
3 Persons .....	26,300
4 Persons .....	29,200
5 Persons .....	31,550
6 Persons .....	33,900
7 Persons .....	36,250
8 Persons .....	38,550

### BEDROOM SIZE STANDARDS

Number of Bedrooms	Number of Persons	
	Minimum	Maximum
0	1	1
1	1	2
2	2	4
3	3	6
4	4	8

Note: Bedroom size standards are based on the assumption that each bedroom will accommodate not more than two (2) persons and relate to the number of bedrooms in the unit, not the family's actual living arrangements

The PHA will consider factors such as family characteristics including sex, age, or relationship in the assignment of a unit. Consideration will also be given for medically verified reasonable accommodation requests and the need for a live-in aide.

**Additional Family Members/ Household Composition**

Continued from first page	Relation to Head (Spouse, Co-Head, Other Adult, child)	Date of Birth	Age	Sex (M/F)	Race (see list above)	Hispanic		Social Security Number
						YES	NO	
6.						<input type="checkbox"/>	<input type="checkbox"/>	
7.						<input type="checkbox"/>	<input type="checkbox"/>	
8.						<input type="checkbox"/>	<input type="checkbox"/>	
9.						<input type="checkbox"/>	<input type="checkbox"/>	
10						<input type="checkbox"/>	<input type="checkbox"/>	

**LIST OF DOCUMENTS NEEDED BY THE PHA**

The following documents will be requested by the PHA to establish eligibility for Section 8 Housing Assistance. The documents will be requested with the full application when the applicant has reached the top of the waiting list.

1. Social Security card for each person listed on the application.
2. Original, State Certified Birth Certificates for each person listed on the application, proof of citizenship or legal immigration status, or willingness to sign non-contending member form (if not a legal citizen/resident of the U.S.)
3. Picture identification form for all adult members in the household.
4. Proof of income for each household member on the application that receives an income. Example: AFDC/Food stamps award letter (DES), SS/SSI award letter, check stubs from employment, child support, alimony, income taxes, notarized letter of family support and/or self-employment documentation (daily/weekly work logs to include amount earned).
5. Proof of assets for all household members (Bank or credit union accounts, pension statement, real property i.e. house, boat, mobile home, vacant land, vehicles, etc.)
6. Proof of local residency – i.e. lease/rental contract, utility bills in applicant/co-applicant's name, rent receipts, or notarized letter of residency, along with proof of residency, from the person with whom you reside (if lease & utility bills are not in your name)
7. Reasonable Accommodation form for persons with disabilities requesting accessibility or accommodations to participate equally in the housing program.

**DOCUMENTOS QUE NECESITA TRAER**

La siguiente lista de documentos serán requeridos por el Departamento de Viviendas (PHA) para decidir si es elegible para recibir asistencia de vivienda de la Sección 8. Los documentos serán requeridos cuando llegue al principio de la lista de espera, junto con la Solicitud Completa de Elegibilidad.

1. Tarjeta de Seguro Social para cada miembro de hogar en la solicitud. incluyendo la de usted.
2. Actas de Nacimiento Certificadas, para cada miembro de su hogar. Incluyendo la de usted, comprobante de ciudadanía de Estados Unidos, comprobante de residencia permanente legal, o disponibilidad a firmar la forma de miembro no-contendiente de estatus legal.
3. Identificación con foto (todos los adultos en el hogar).
4. Comprobante de ingreso por cada miembro de la familia en la solicitud que recibe ingresos. Ejemplo: Carta de AFDC/estampías de comida (DES), Carta de beneficios de Seguro Social/Seguro Suplemental, talons de cheque del empleo, verificación de ingreso para sus hijos menores, (Child Support), apoyo económico por parte de algún familiar (una carta notariada), copia de impuestos reportados al gobierno, y si es usted propietario de su negocio, ocupamos una copia de los impuestos (income taxes) reportados al gobierno.
5. Comprobante de bienes para cada miembro del hogar (cuentas bancarias, pensiones, propiedades, barcos, casa móvil, terreno, etc.
6. Comprobante de residencia local – contrato de arrendamiento, recibos de renta pagada, facturas de servicios a su nombre (electricidad, agua, gas natural), o carta notariada (incluyendo comprobante de residencia) de la persona con quién Usted vive en caso de no tener contrato ni servicios públicos a su nombre.
7. Forma de Adaptación Razonable para personas incapacitadas que requieren accesibilidad o comodidades de igualdad en la participación en el programa de viviendas.



## **Notice of Right to Reasonable Accommodation**

If you have a disability, and as a result of your disability you need:

A change in the rules or policies to give you an equal opportunity to use the facilities or take part in the Section 8 program, or

A change in the way we communicate with you or give you information, you may ask for this kind of change, which is called a reasonable accommodation.

If you can verify that you have a disability, and if your request is reasonable (does not pose “an undue financial or administrative burden”), we will try to grant your request.

We will give you an answer within 10 working days, unless there is a problem getting the information we need, or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons, and you can give us more information, if you think that will help.

If you need help filling a *Reasonable Accommodation Request Form* or if you want to give us your request in some other way, we can help you.

A *Reasonable Accommodation Request Form* is on side two of this notice.

*NOTE: All information you provide will be kept confidential and be used only to help you have an equal opportunity to participate in the Section 8 program.*

Si Usted tiene una pregunta sobre esta forma, hable al 417-7385.

## Request for a Reasonable Accommodation

Name: \_\_\_\_\_ TDD/Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Currently, I am:

- ☐ Applying for the Section 8 waiting list
- ☐ An applicant on the waiting list
- ☐ A Voucher holder looking for a unit
- ☐ Housed in a Section 8 unit with this housing agency
- ☐ Housed in a Section 8 unit with another housing authority
- ☐ Other \_\_\_\_\_

The following member of my household has a disability that qualifies under HUD rules (a mental or physical impairment that substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment).

Name: \_\_\_\_\_

As a result of his/her disability, the following change or changes are necessary so the person listed can have the opportunity to equally participate in the Section 8 program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You may verify the disability and the need for this request by contacting:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I give you permission to contact the above individual for purposes of verifying that I, or a family member, have a disability and need the reasonable accommodation requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine whether or not you will provide an accommodation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

